

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARY D. GRAHAM
Name
(2) 6170 NW 32 TERRACE
Address (number and street)
FT. LAUDERDALE FL 33307
City, State, Zip Code

OFFICE USE ONLY

2011 DEC 29 PM 1:18

CITY CLERK

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): DISTRICT ONE CITY COMMISSION FLL

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 11 / 22 / 2011 To 12 / 23 / 2011 Report Type _____

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0-

Loans \$ 600.00

Total Monetary \$ 600.00

In-Kind \$ 0-

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 417.50

Transfers to Office Account \$ 0-

Total Monetary \$ 417.50

(8) Other Distributions

\$ 0-

(9) TOTAL Monetary Contributions To Date

\$ 600.00

(10) TOTAL Monetary Expenditures To Date

\$ 417.50

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) MARY D. GRAHAM

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X Mary D. Graham

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) MARY D. GRAHAM

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X Mary D. Graham

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MARY D. GRATTALI

(2) I.D. Number _____

(3) Cover Period 11, 22, 2011 through 12, 23, 2011 (4) Page ONE of ONE

(4) Page *ONE* of *ONE*

[illegible]

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARY D. GRATHAM

(2) I.D. Number _____

(3) Cover Period 11/22/2011 through 12/23/2011

(4) Page ONE of ONE

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11/22/2011	CITY OF FORT LAUDERDALE 100 N ANDREWS FT. LDLE FL 33301	QUALIFYING FEE	MON		100.00
0991					
11/22/2011	CITY OF FORT LAUDERDALE 100 N. ANDREWS FT. LDLE FL 33301	ELECTION ASSESSMENT FEE	MON		300.00
0992					
12/21/2011	BROWARD SUPERVISOR OF ELECTIONS 115 S. ANDREWS AVE FT LDLE FL 33301	BROWARD SOE DISTRICT ONE REGISTERED VOTER LIST	MON		17.50
0993					
11					
11					
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